7.6; 37% female, 63% male) participated in a health examination which included a lipid profile. An index date was assigned for each study participant using the date of their exam and statin medication usage was determined through the pharmacy claims database for 365 days before the index date. Patients were identified as adherent to statins if their medication possession ratio (MPR) was at least 80%. **RESULTS:** Statin use increased over the study period with 150 (9.3%) executives filling at least one statin prescription in the 365 days prior to their exam. A total of 102 statin users (68%) were adherent to statin medication. Among all patients who received statin treatment, 70% (OR = 2.33, 95% CI = 1.54, 3.51) achieved near optimal (< 130 mg/dL) and 30% (OR = 1.78, 95% CI = 1.15, 2.76) achieved optimal (< 100 mg/dL) LDL-C goals which are significantly higher than the rates among statin non-users (55% and 21%). Both adherent statin users and nonadherent statin users were more likely to achieve recommended near optimal LDL-C goals compared to executives who were not taking statins (overall p = 0.002; adherent: OR = 2.75, 95%CI 1.662, 4.550; nonadherent: OR = 1.70, 95% CI 0.884, 3.268.) **CONCLUSIONS:** Among executives who participated in a periodic health examination, statin usage appears to be associated with improvements in LDL-C goal attainment. Appropriate medication usage and adherence to medication should be encouraged in working populations.

PC+4V19

EFFECT OF ACE INHIBITORS/ARBS AND STATINS ON THE INCIDENCE OF DEMENTIA, IN PATIENTS WITH CHRONIC HEART FAILURE

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OBJECTIVES: To determine the effect of ACE Inhibitors/ARBs and statins on the incidence of dementia, in patients with Chronic Heart Failure (CHF). **METHODS:** A national retrospective cohort of Veterans Affairs (VA) patients, with at least one outpatient claim of CHF from October 1, 1996 to September 30, 2000, was identified. Drug exposure was analyzed from October 1, 1998 to September 30, 2000 and outcome of dementia (yes/no) was identified, based on ICD-9-CM codes, from October 1, 2000 to September 1, 2002. Patients with non-utilization of VA services for two years and prevalent cases of dementia were excluded. A Cox proportional hazards model of time to dementia diagnosis was constructed to test the association of drug use with dementia, adjusted for socio-demographics, co-morbidities and co-medications. **RESULTS:** Out of 242,734 patients, 2.77% developed dementia during follow-up. About 75% were elderly and 79% had hypertension. Females, African-Americans had significantly higher risk of dementia than males, whites, respectively. Risk of dementia increased progressively with age. In adjusted analyses, hypertension (HR: 1.157, 95% CI: 1.078–1.240), diabetes (HR: 1.105, 95% CI: 1.051–1.161), and cerebrovascular disease (HR: 1.577, 95% CI: 1.489–1.671) significantly increased risk of dementia. Adjusted analyses of one-year (HR: 0.988, 95% CI: 0.911–1.071) or two-year (HR: 0.991, 95% CI: 0.930–1.057) exposure to ACE Inhibitors did not significantly affect dementia. Adjusted analyses of one-year exposure to ARBs (HR: 0.784, 95% CI: 0.634–0.969), statins (HR: 0.906, 95% CI: 0.839–0.979) and two-year exposure to ARBs (HR: 0.711, 95% CI: 0.594–0.852), statins (HR: 0.884, 95% CI: 0.829–0.943) had protective effect on incidence of dementia. Two-year drug exposure had increased protective effect, compared to one-year exposure. **CONCLUSIONS:** Study suggests potential beneficial effects, to delay onset of dementia, associated with use of ARBs and statins. Thus, prescribing of such agents in pharmacotherapeutic regimens of CHF patients should be encouraged.

PCV20

ESTIMATE THE 10-YEAR CARDIOVASCULAR RISK IN THE GENERAL PUBLIC OF HONG KONG

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OBJECTIVES: Coronary heart disease (CHD) is a major health issue in Hong Kong and has become the second leading cause of death since the 1960s. Figures from the Hong Kong Department of Health Statistics have shown that in the year 2005, approximately 11 persons died from CHD each day. The prevalence of CHD and its mortality in Hong Kong are approaching a level that requires focused attention. Unfortunately, CHD could be a silent disease until the manifestations occur. Therefore, early detection and control of cardiovascular risk factors including cholesterol and blood pressure is vital. In view of this point, the current project aimed to investigate the 10-year cardiovascular risk in the general public of Hong Kong. **METHODS:** A 12-month prospective public screening of lipid panels and blood pressure for the estimation of 10-year cardiovascular risk was conducted in the general public of Hong Kong between April 2007 and April 2008. **RESULTS:** During this period, a total of 2,607 patients were recruited with the mean age of 46.4+/–11.1 years old (51.3% male) and 8.1% of subjects were active smokers. Among all of the subjects, the mean total cholesterol was 5.42+/–1.28 mmol/L and the mean high density cholesterol was 1.59+/–0.75 mmol/L. The mean systolic blood pressure was 121.7+/–19.5 mmHg. The assessment of the 10-year cardiovascular risk showed that 13.8% of the subjects were moderately high to high risk patients. **CONCLUSIONS:** The project demonstrated that the general public in Hong Kong had relatively high total cholesterol and normal-high systolic blood pressure. There were almost 2 in every 10 Hong Kong citizens may have a 10–20% or more than 20% risk to develop CHD in the next 10 years. As a result, good lifestyle modification and regular health screening are essential and urgently required to lower the cardiovascular risk in the general public of Hong Kong.

PCV21

PREVALENCE, AWARENESS, AND MANAGEMENT OF HYPERTENSION, DYSLIPIDEMIA, AND DIABETES AMONG UNINSURED AND INSURED ADULTS IN THE UNITED STATES

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OBJECTIVES: National estimates of cardiovascular risk factor prevalence, awareness, treatment, and control among adults without health insurance are lacking. This study contributes to our knowledge by examining current national estimates for hypertension, dyslipidemia, and diabetes among uninsured, non-Medicaid insured, and Medicaid-insured adults aged 18 through 64 years. **METHODS:** Cross-sectional observational study design. Analysis of adults 18 through 64 years of age surveyed in the National Health and Nutrition Examination Survey (NHANES) 2003–2006 (N = 8,500). **RESULTS:** Of an estimated 178.6 million working-age adults, 21.8% (95% confidence interval [CI] = 19.6%– 24.1%) lack health insurance. Hypertension prevalence is significantly lower in the uninsured compared with the non-Medicaid insured (18.9% and 21.8%, age and gender adjusted) as are rates of awareness (62.8% vs 77.0%) and treatment (43.9% vs 65.5%). Medicaid-insured adults have a significantly higher prevalence of hypertension (29.1%) than the non-Medicaid insured. There is no significant difference between the uninsured and non-Medicaid insured with respect to adjusted prevalence of dyslipidemia (27.4% and 25.3%) or type-2 diabetes (6.4% and 6.0%). Awareness and treatment rates for dyslipidemia are significantly lower in the uninsured compared with the non-Medicaid insured (38.8% vs 64.7% for awareness; 18.0% vs 41.4% for treatment). Treatment rates for diabetes are also significantly lower for the uninsured (39.9% vs 62.5%). Multivariable logistic regression controlling for age, gender, race, education, access to care, and marital status indicate that the uninsured are significantly less likely than the non-Medicaid insured to be aware of and treated for their dyslipidemia and less likely to be treated for their diabetes. **CONCLUSIONS:** Dyslipidemia and diabetes are less likely to be detected or treated among the uninsured compared with the non-Medicaid insured, calling for effective approaches to reduce these disparities.

PCV22

VARIATION OF SEASONAL, WEEKLY AND DAILY RHYTHM OF ACUTE MYOCARDIAL INFARCTION IN DIABETIC PATIENTS

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OBJECTIVES: The purpose of this study was to examine whether there is a difference in the seasonal, weekly and daily variation of acute myocardial infarction in patients who were diabetic and who were not, and to get information about the mechanism of the background of the rhythm variation and about the triggering effects. **METHODS:** Retrospective analysis was made with acute myocardial infarction patients received in almost all hospitals in Hungary between 2005 and 2007 (n = 41.510, 23.993 male, 17.517 female). Data were collected from the database of the National Health Insurance Fund Administration based on ICD codes: I21, I22, E1000–1490. **RESULTS:** With regard to seasonal variation, the peek period of acute myocardial infarction was found during the months of spring, the lowest number of events is during the summer. There was a significant difference between the number of events for each season (p = 0.003). The weekly peek period of acute myocardial infarction was found on the first day of the week, on Monday, with a gradually decreasing tendency towards the end of the week, until Sunday. The decrease is much higher in the weekend. Regarding the daily rhythm, the results were significant. The peek period was found in the morning hours of the day, and the lowest number of acute myocardial infarction was in the evening hours (p < 0,001). In case of patients with diabetes (5.739 male, 5.376 female) the results were similar, the seasonal variation in the occurrence of acute myocardial infarction is also significant, such as the results of the weekly and daily rhythm (p = 0.025, p = 0.000). **CONCLUSIONS:** In summary, it can be said that the results of our study show that the incidence of an acute myocardial infarction shows characteristic variation with regard to seasons and the days of the week, but there are no differences between diabetic and non-diabetic patients.

PCV23

SEASONAL, WEEKLY AND DAILY VARIATION OF ACUTE MYOCARDIAL INFARCTION AND TRANSIENT ISCHEMIC ATTACK IN HUNGARY

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OBJECTIVES: The purpose of our study was to observe whether a seasonal change or weekly variation can be shown in the incidence of an acute myocardial infarction (AMI) and a transient ischemic attack (TIA) during a three-year study period in Hungary. We also examined whether the occurrence of an AMI or a TIA is influenced by age and sex. **METHODS:** We have analyzed AMI (N = 51,802) and TIA (N = 12,592) patients received at clinics and hospitals in Hungary between 2005 and 2007. Data were collected from the database of the National Social Security Fund (OEP) based on the International Classification of Diseases (ICD codes). **RESULTS:** Based on our results, a weekly and a seasonal variation can be seen in the onset of a transient ischemic attack and an acute myocardial infarction. With regard to seasonal variation, there was a significant difference between the number of events for each season (p < 0.01), and the peek period of AMI and TIA was found during the months of spring, the lowest number of events of AMI is during the summer and in the case of TIA is in autumn. In case of sexes, difference was only found in the seasonal variation of number of events of AMI (p < 0.01). The weekly peek period of infarction and cerebral